



## LIVESMART Fitness and Recreational Activities Reimbursement

Applicable Group: All Employees (TW METALS and STAINLESS TUBULAR)

Date of Issue: March 25, 1999

Current Revision: January 14, 2019

### LIVESMART Fitness Activities Reimbursement

The company encourages employees to participate in the LIVESMART Wellness Program and in recreational and fitness activities as a means to better health. To promote this policy, the company will share the cost of the defined employee health and physical fitness activities listed below. To qualify, an employee must be a LIVESMART program participant. The LIVESMART team will review requests for reimbursement and certify reimbursement of eligible expenses semi-annually in July (for the period of January-June) and December (for the period July-December) of each year. Reimbursement must be submitted for the year by December 16th.

Beginning with expenses incurred on or after January 1, 2019, employees may request reimbursement for 50% of associated costs up to \$250 (total per family) annually toward recreation and fitness activities. For example, if the gym membership is \$400, the amount of \$200 is eligible for reimbursement. The following items are covered:

- Fitness center or gym membership.
- Weight Watchers® or other weight loss program or service (approved by LIVESMART).
- Membership to martial arts, personal training, yoga, or other health related studio.
- Registration fees for participation in sporting events to include walking, running/jogging, tennis, dance, triathlons, swimming, cycling, skiing, company sponsored athletic teams, or similar activities.

Applications for cost sharing may be obtained from the LIVESMART website: <http://www.livesmartTW.com>

### Documentation will be submitted to:

LIVESMART Health and Wellness

c/o O'Neal Steel

P. O. Box 2623, Birmingham, AL 35202

Reimbursements will be made on a semi-annual basis. To be eligible, employees must work an average of 30 hours per week and have been employed by the company for at least six months. Requests for reimbursement will be processed a maximum of twice per calendar year.

*Submission deadlines for semi-annual reimbursement are June 28, 2019 and December 13, 2019.*

### **Company Sponsored Athletic Teams**

The company will sponsor the participation of its employees in certain organized athletic activities such as basketball, softball, bowling, touch football, etc. All athletic activity must be done on the employee's own time, and employees are required to release the company from any liability for injuries sustained during such activity. This release must be in writing. Release forms may be obtained from the Human Resources Department.

Employees interested in forming such a team must submit a request in writing to the General Manager or Department Manager. This request must detail the specific type of proposed activity, a list of company employees willing to participate, and an estimate of the total team expenses (including general liability and medical insurance) to be paid by the company. To qualify for approval, at least 75% of the team must be company employees. Participation or non-participation on company sponsored athletic teams will have no bearing on an employee's status with the company.

## LIVSMART Fitness and Recreational Activities Reimbursement Application

Return completed application by e-mail: [connect@livesmartoni.com](mailto:connect@livesmartoni.com)

Regular mail: LIVSMART Health and Wellness, c/o O'Neal Steel, P.O. Box 2623, Birmingham, AL 35202

### Step 1

Employee's Name: \_\_\_\_\_

Fitness Membership Holder: \_\_\_\_\_

Company: \_\_\_\_\_ Location/District: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### Step 2

**ATTENTION:** Before submitting please confirm by checking all of the following (3) items are COMPLETED and INCLUDED for Fitness Reimbursement approval.

- ☐ I Participate in LIVSMART.
- ☐ I have attached an activity log from my fitness facility or completed the physical activity log (attached) verifying a minimum of 30 minutes of physical activity on each of 8 dates per calendar month.
- ☐ I have enclosed my payment receipt for costs associated with this activity.

### Step 3

#### FITNESS FACILITY MEMBERSHIP REIMBURSEMENT

Facility Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Membership Type (Please circle one): Single      Family      2-Person

What is your membership monthly fee? \_\_\_\_\_

What is the total amount paid? (January 1, 2019 – June 28, 2019) \_\_\_\_\_

What is the total amount paid? (July 1, 2019- December 31, 2019) \_\_\_\_\_

#### CLASS/TRAINING/ EVENT REIMBURSEMENT

Training/Event Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What is your monthly fee? \_\_\_\_\_

What is the total amount paid? (January 1, 2019 – June 28, 2019) \_\_\_\_\_

What is the total amount paid? (July 1, 2019- December 31, 2019) \_\_\_\_\_

*(50% of associated cost, up to \$250.00 for TW Metals employees, will be reimbursed (total per family) annually.)*

*Submission deadlines for semi-annual reimbursement are June 28, 2019 and December 13, 2019.*

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Please attach an activity log from your fitness facility or complete the physical activity log below verifying a minimum of 30 minutes of physical activity on each of 8 dates per calendar month.

**Physical Activity Log** (circle dates you engaged in 30+ minutes of physical activity and total those days):

January	February	March	April	May	June
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
5 6 7 8	5 6 7 8	5 6 7 8	5 6 7 8	5 6 7 8	5 6 7 8
9 10 11 12	9 10 11 12	9 10 11 12	9 10 11 12	9 10 11 12	9 10 11 12
13 14 15 16	13 14 15 16	13 14 15 16	13 14 15 16	13 14 15 16	13 14 15 16
17 18 19 20	17 18 19 20	17 18 19 20	17 18 19 20	17 18 19 20	17 18 19 20
21 22 23 24	21 22 23 24	21 22 23 24	21 22 23 24	21 22 23 24	21 22 23 24
25 26 27 28	25 26 27 28	25 26 27 28	25 26 27 28	25 26 27 28	25 26 27 28
29 30 31	29	29 30 31	29 30	29 30 31	29 30
Total: _____	Total: _____	Total: _____	Total: _____	Total: _____	Total: _____

July	August	September	October	November	December
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
5 6 7 8	5 6 7 8	5 6 7 8	5 6 7 8	5 6 7 8	5 6 7 8
9 10 11 12	9 10 11 12	9 10 11 12	9 10 11 12	9 10 11 12	9 10 11 12
13 14 15 16	13 14 15 16	13 14 15 16	13 14 15 16	13 14 15 16	13 14 15 16
17 18 19 20	17 18 19 20	17 18 19 20	17 18 19 20	17 18 19 20	17 18 19 20
21 22 23 24	21 22 23 24	21 22 23 24	21 22 23 24	21 22 23 24	21 22 23 24
25 26 27 28	25 26 27 28	25 26 27 28	25 26 27 28	25 26 27 28	25 26 27 28
29 30 31	29 30 31	29 30	29 30 31	29 30	29 30 31
Total: _____	Total: _____	Total: _____	Total: _____	Total: _____	Total: _____

I hereby certify that the above information and the attachments furnished are correct. In accepting the company's reimbursement, I certify to regularly attend the club and/or participate in aerobic conditioning programs and will encourage my family to do so. I also agree that in the event my employment is terminated, that a prorated share of all membership dues and fees paid by the company will be deducted from my last check.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_